

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 02-01	2. STATE NC
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE January 1, 2002	

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.20	7. FEDERAL BUDGET IMPACT: \$0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A.1, Page 6	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A.1, Page 6

10. SUBJECT OF AMENDMENT:

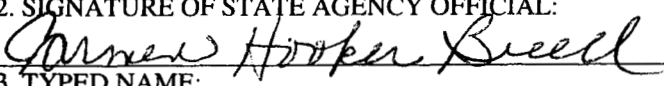
**Removal of 24 hour office visit limitation for recipients 21 years and over receiving mental health services
subject to utilization review**

11. GOVERNOR'S REVIEW (Check One):


☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☒ OTHER, AS SPECIFIED: Not Required

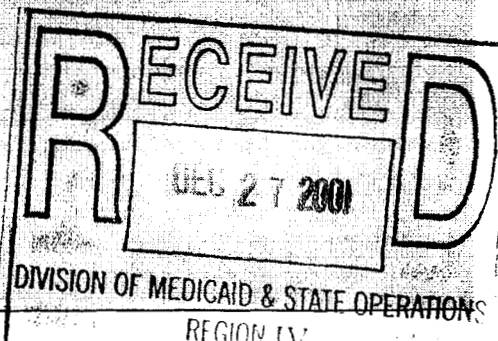
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Office of the Secretary Department of Health and Human Services 2001 Mail Service Center Raleigh, North Carolina 27699-2001
13. TYPED NAME: Carmen Hooker Buell	
14. TITLE: Secretary	
15. DATE SUBMITTED: December 18, 2001	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: December 27, 2001	18. DATE APPROVED: March 21, 2002
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2002	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Eugene A. Grasser	22. TITLE: Associate Regional Administrator Division of Medicaid and State Operations
23. REMARKS:	



- (5) Injections are not covered if oral drugs are suitable.
- (6) Office visits (encounters) to one or a combination of physicians, clinics, hospital outpatient settings, chiropractors, podiatrists, and optometrists are limited to twenty-four (24) per recipient per State fiscal year. Additional visits in excess of the twenty-four (24) visit limit may be authorized by the State agency in emergency situations where the life of the patient would be threatened without such additional care. This limitation does not apply to EPSDT eligible children. This limitation does not apply to adults 21 and over receiving mental health services subject to independent utilization review.

2.b. Rural Health Clinic Services and other Ambulatory Services Furnished by a Rural Health Clinic

All medical services performed must be medically necessary and may not be experimental in nature. Medical necessity is determined by generally accepted North Carolina community practice standards as verified by independent Medicaid consultants.

- (1) Other ambulatory services provided by Rural Health Clinics are:
 - (a) Chiropractic services
 - (b) Dental Services
 - (c) Drugs, legend in insulin
 - (d) EPSDT
 - (e) Eyeglasses and visual aids
 - (f) Family Planning Services
 - (g) Hearing Aids
 - (h) Optometric Services
 - (i) Podiatry Services
- (2) Rural Health Clinic Services are subject to the limitations of the physicians' services program.
- (3) Office visits (encounters) to one or a combination of physicians, clinics, hospital outpatient settings, chiropractors, podiatrists and optometrists are limited to twenty-four (24) per recipient per State fiscal year. Additional visits in excess of the twenty-four (24) visit limit may be authorized by the State agency in emergency situations where the life of the patient would be threatened without such additional care. This limitation does not apply to EPSDT eligible children.

2.c. Federally Qualified Health Center (FOHC) services and other ambulatory services

Limitations are the same as in 2.b

TN No. 02-01
Supersedes
TN No. 92-01

Approval Date MAR 21 2002 Eff. Date 1/01/02